



APPLICATION FOR PAWNBROKERS LICENSE

COVERING THE PERIOD OF JANUARY 1, 20 ____ THROUGH DECEMBER 31, 20 ____

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions; or your application will be deemed incomplete and may not be processed.

Full Legal Name of Applicant (Last, First, Middle):			
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Name of Corporation or Association:			
Address of Corporation or Association:			
City:	State:	Zip:	
Federal ID Number:		State ID Number:	
The following items must be completed and/or accompany the completed application form. Whoever shall knowingly falsify the answers to the following questions shall be deemed guilty of perjury and shall be punished accordingly. In answering the following questions, one of the officers of a corporation or partner of a partnership shall complete the application for all corporate officers, directors and stockholders, or all members of the partnership.			
1. Name Under Which Applicant Will Be Doing Business: _____ Business Address: _____ Business Telephone: _____			
2. Type of Applicant (Check One) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			

3. Complete the following requested information for each individual, partner or officer of the corporation (use additional sheets as necessary)

Full Legal Name: _____ Alias Names: _____

Date of Birth: _____ Social Security Number: _____

Business Telephone: _____ Drivers License Number: _____

Home Address: _____ Home Telephone Number: _____

Address at which applicant lived during the past five years:

Position Title _____ Percentage of Interest in Business _____

U.S. Citizen ☐ Yes ☐ No Naturalized ☐ Yes If Yes, give date and place _____

Have you ever been convicted of any felony, misdemeanor or violation of any ordinance other than traffic?

☐ Yes ☐ No If yes, give time, place, offense and penalty: _____

Occupation for the past five (5) years:

_____ (Occupation)	_____ (City/State)
_____ (Occupation)	_____ (City/State)
_____ (Occupation)	_____ (City/State)
_____ (Occupation)	_____ (City/State)
_____ (Occupation)	_____ (City/State)

If married, state maiden name and date of birth of spouse:

☐ Yes ☐ No Name: _____ Date of Birth: _____

Address at which spouse has lived during past five years:

Has spouse ever been convicted of any felony, misdemeanor or violation of any ordinance other than traffic?

☐ Yes ☐ No If yes, give time, place, offense and penalty: _____

Occupations of spouse for the past five (5) years:

_____ (Occupation)	_____ (City/State)
_____ (Occupation)	_____ (City/State)
_____ (Occupation)	_____ (City/State)
_____ (Occupation)	_____ (City/State)
_____ (Occupation)	_____ (City/State)

Full Legal Name: _____ Alias Names: _____

Date of Birth: _____ Social Security Number: _____

Business Telephone: _____ Drivers License Number: _____

Home Address: _____ Home Telephone Number: _____

Address at which applicant lived during the past five years:

Position Title _____ Percentage of Interest in Business _____

U.S. Citizen ☐ Yes ☐ No Naturalized ☐ Yes If Yes, give date and place

Have you ever been convicted of any felony, misdemeanor or violation of any ordinance other than traffic?

☐ Yes ☐ No If yes, give time, place, offense and penalty: _____

Occupation for the past five (5) years:

(Occupation)	(City/State)
(Occupation)	(City/State)
(Occupation)	(City/State)
(Occupation)	(City/State)
(Occupation)	(City/State)

If married, state maiden name and date of birth of spouse:

☐ Yes ☐ No Name: _____ Date of Birth: _____

Address at which spouse has lived during past five years:

Has spouse ever been convicted of any felony, misdemeanor or violation of any ordinance other than traffic?

☐ Yes ☐ No If yes, give time, place, offense and penalty: _____

Occupations of spouse for the past five (5) years:

(Occupation)	(City/State)
(Occupation)	(City/State)
(Occupation)	(City/State)
(Occupation)	(City/State)
(Occupation)	(City/State)

4. Does the applicant or any of the associates hold a current pawnbrokers license from any other governmental unit or licensed under MN. Statute 471.924?

☐ Yes ☐ No If yes, give nature and extent of involvement: _____

5. Has applicant previously been denied a pawnbroker license from any other governmental unit or had a license revoked or cancelled?

☐ Yes ☐ No If yes, give details: _____

6. List names, residence address and business address of 3 references who are of good moral character and who are not related to the applicant or not holding any ownership in the premises or business, who may attest to the character of the applicant or manager.

1. _____
(NAME)

(RESIDENCE ADDRESS)

(BUSINESS ADDRESS)

2. _____
(NAME)

(RESIDENCE ADDRESS)

(BUSINESS ADDRESS)

3. _____
(NAME)

(RESIDENCE ADDRESS)

(BUSINESS ADDRESS)

7. If the applicant is a corporation, date of incorporation: _____

State in which incorporated: _____

If subsidiary of any other corporation. So state parent company: _____

If incorporated under the laws of another state, is corporation authorized to do business in Minnesota? ☐ Yes ☐ No If yes, number of certificate of authority: _____

8. If applicant is a corporation, attach certified copy of articles of incorporation and by-laws.

9. Full legal name, date of birth and address of manager(s) or proprietor(s) of the business if different than the applicant:

Name: _____ Date of Birth: _____

Address: _____

Name: _____ Date of Birth: _____

Address: _____

10. What is the location of the business premises and attach a diagram or blueprint of the premises to be licensed?

11. Name address and business of owner of premise if different than applicant.

Name: _____

Address: _____

Business Address: _____

12. If the applicant is for a premise either planned or under construction or undergoing substantial alteration; the application shall be accompanied by a set of plans showing the design of the proposed premise to be licensed.

13. The name, address and nature of the interest held by any person or entity other than the applicant in the premise or business proposed to be licensed.

Name: _____

Address: _____

Nature of Interest: _____

14. Are any taxes, special assessments, utility charges or any other monies delinquent or owed to the City or any other governmental agency of the State by the applicant or organization on behalf of which application is being made?

☐ Yes ☐ No If yes, give details: _____

15. License Fee: \$500.00 Per Year

16. Initial Application Fee (non-refundable): \$500.00

17. Bond - \$3000.00 (made payable to the City of Rochester and running for the license year)

18. Certificate of Insurance showing proof of worker's compensation coverage (MN Statute 176.182)

Make check or money order payable to City of Rochester and return to the office of the City Clerk, Room 135, 201 4th Street SE, Rochester, MN 55904.

I hereby certify that the information provided herein is true and correct to the best of my knowledge and Belief, and that the Common Council of the City of Rochester may rely on the accuracy of such information provided in determining whether or not a license should be issued.

Signature of Applicant _____ Date of application _____

Subscribed and sworn to before me this

_____ Day of _____, 20____

(Notary Public)

(Notary Seal)

RIGHTS OF SUBJECTS OF GOVERNMENT DATA

LICENSE AND PERMIT DATA

“TENNESSEN WARNING”

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION

PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

**THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.**

To exercise these rights, contact the City Clerk's Office, Room 135, City Hall, Rochester, Mn. 55904

**I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING
MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.**

(Signature of Data Subject)

(Date)

White Copy - City Clerk's Office

Buff Copy - Applicant